

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

ADDRESS (number and street) ▼

4720 Montgomery Lane, Suite 200

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20814-3449

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00089086

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☒ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christina A. Metzler

Signature of Treasurer

Christina A. Metzler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">54923.50</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">50221.41</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">29681.12</span>	<span style="border: 1px solid black; padding: 2px;">56554.28</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">79902.53</span>	<span style="border: 1px solid black; padding: 2px;">111477.78</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">18896.63</span>	<span style="border: 1px solid black; padding: 2px;">50471.88</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">61005.90</span>	<span style="border: 1px solid black; padding: 2px;">61005.90</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 03 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 03 / 31 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

8622.02

13927.85

(ii) Unitemized .....

21047.14

42592.56

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

29669.16

56520.41

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

29669.16

56520.41

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

11.96

33.87

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

29681.12

56554.28

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

29681.12

56554.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	396.63	971.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	396.63	971.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	49500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18896.63	50471.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18896.63	50471.88

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29669.16	56520.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29669.16	56520.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	396.63	971.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	396.63	971.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name (Last, First, Middle Initial)

A. Kimberly Dugas

Mailing Address 1990 Weston Dr

City

Fairbanks

State

AK

Zip Code

99709-6534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Banner Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2016

Transaction ID : 70184572

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jo Karen S Werner

Mailing Address 2708 Pleasant Valley Rd

City

Fort Collins

State

CO

Zip Code

80521-4083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2016

Transaction ID : 70184576

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Yvonne Michielle Randall

Mailing Address 6576 Appletree Cir

City

Las Vegas

State

NV

Zip Code

89103-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Touro University Nevada

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : 70184578

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

890.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Yvonne Michelle Randall**

Mailing Address 6576 Appletree Cir

City

Las Vegas

State

NV

Zip Code

89103-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Touro University Nevada

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

**Transaction ID : 70184597**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Julie Ann Nastasi**

Mailing Address 1426 Layton Rd

City

Scott Township

State

PA

Zip Code

18411-9773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Scranton

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

**Transaction ID : 70330339**

Amount of Each Receipt this Period

730.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Monica Lee Robinson**

Mailing Address 453 W 10th Ave

City

Columbus

State

OH

Zip Code

43210-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2016

**Transaction ID : 70333798**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

920.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name (Last, First, Middle Initial)

**A. Michaelinda Rusch**

Mailing Address 8419 Stickney Ave

City

Wauwatosa

State

WI

Zip Code

53226-2808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Horizon Home Healthcare

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 10 / 2016

Transaction ID : 70333816

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michel Saleem Rantissi Jr.**

Mailing Address 694 Fenwick Ln

City

Henderson

State

NV

Zip Code

89052-2864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DBA Rantissi Financial Management, LLC

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 10 / 2016

Transaction ID : 70333817

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kim M Atwater**

Mailing Address 2549 B Eastbluff Dr #209

City

Newport Beach

State

CA

Zip Code

92660-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Career Staff Unlimited

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 10 / 2016

Transaction ID : 70333819

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

965.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

Full Name (Last, First, Middle Initial)

A. Heather Lynn Panczykowski

Mailing Address 33 Hamlet St

City

Fredonia

State

NY

Zip Code

14063-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jamestown Community College

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2016

Transaction ID : 70333827

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Debra Ann Rybski

Mailing Address 468 Florence Ave

City

Webster Grvs

State

MO

Zip Code

63119-4159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Louis Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2016

Transaction ID : 70333830

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Janice Diane Hinds

Mailing Address 2467 S Lincoln St

City

Denver

State

CO

Zip Code

80210-5016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Col Dept of Human Services, Col Mental

Occupation

Occupational Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.01

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 09 / 2016

Transaction ID : 70333840

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

771.67

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 10 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Janice Diane Hinds**

Mailing Address 2467 S Lincoln St

City

Denver

State

CO

Zip Code

80210-5016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Col Dept of Human Services, Col Mental

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.01

Date of Receipt

03 / 11 / 2016

**Transaction ID : 70333845**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Karin J Barnes**

Mailing Address 6318 Welles Glenn Cir

City

San Antonio

State

TX

Zip Code

78240-4903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Texas HSC at San Antonio

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 14 / 2016

**Transaction ID : 70409910**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Janice Diane Hinds**

Mailing Address 2467 S Lincoln St

City

Denver

State

CO

Zip Code

80210-5016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Col Dept of Human Services, Col Mental

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.01

Date of Receipt

03 / 20 / 2016

**Transaction ID : 70440491**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Lisa Ann Brown**

Mailing Address 443 Lake Rd

City  
Belden

State  
MS

Zip Code  
38826-9691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Mississippi Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 16 / 2016

**Transaction ID : 70441508**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS Nicole Kuhl**

Mailing Address 14109 Nw Meadowridge Dr

City  
Portland

State  
OR

Zip Code  
97229-2369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Health & Services

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 16 / 2016

**Transaction ID : 70441532**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Janice Diane Hinds**

Mailing Address 2467 S Lincoln St

City  
Denver

State  
CO

Zip Code  
80210-5016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Col Dept of Human Services, Col Mental

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.01

Date of Receipt

03 / 18 / 2016

**Transaction ID : 70441578**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. M Irma Alvarado**

Mailing Address 6345 Julian Rd

City

Gainesville

State

GA

Zip Code

30506-6413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Essential Therapy Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2016

**Transaction ID : 70441659**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dorit Aaron**

Mailing Address 2723 Amherst St

City

Houston

State

TX

Zip Code

77005-3107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DBA Aaron &amp; Winthrop Hand Therapy Serv

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2016

**Transaction ID : 70441660**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Nancy Z Richman**

Mailing Address 1268 Sheridan Rd

City

Highland Park

State

IL

Zip Code

60035-4120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Glantz/Richman Rehabilitation Assoc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

**Transaction ID : 70441695**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

965.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

Full Name (Last, First, Middle Initial)

**A. Brent Howard Braveman**

Mailing Address 1 Hermann Park Ct Apt 432

City

Houston

State

TX

Zip Code

77021-2293

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M.D. Anderson Cancer Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.49

Date of Receipt

03 / 19 / 2016

Transaction ID : 70441766

Amount of Each Receipt this Period

60.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Timothy Justin Wolf**

Mailing Address 620 Mayflower Dr

City

Wentzville

State

MO

Zip Code

63385-3563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Missouri

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.01

Date of Receipt

03 / 15 / 2016

Transaction ID : 70441770

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jean Owsley**

Mailing Address 1219 Johnson Ave

City

Thermopolis

State

WY

Zip Code

82443-2536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Club Staffing; SeperFox; Andor Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2016

Transaction ID : 70453764

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

602.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 19  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Gloria R Lucker**

Mailing Address 2495 Main St Ste 234

City State Zip Code  
Buffalo NY 14214-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DBA Optimal Therapy Associates Service

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.53

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 23 / 2016

**Transaction ID : 70459615**

Amount of Each Receipt this Period

60.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Florence B Hannes**

Mailing Address 32 Lake Rd

City State Zip Code  
Salisbury Mills NY 12577-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orange County Community College

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.53

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2016

**Transaction ID : 70459623**

Amount of Each Receipt this Period

60.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Regina Gale Stovall**

Mailing Address 6801 W 159th Ave

City State Zip Code  
Lowell IN 46356-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DBA Therapeutic Play, Inc.

Occupation  
Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2016

**Transaction ID : 70459646**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

486.74

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Mary Kay Currie**

Mailing Address 3548 Weddell St

City

Dearborn

State

MI

Zip Code

48124-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Detroit Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

**Transaction ID : 70459648**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sheri Montgomery**

Mailing Address 8 Clermont Ct

City

Palm Coast

State

FL

Zip Code

32137-8926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of St. Augustine

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2016

**Transaction ID : 70459649**

Amount of Each Receipt this Period

111.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael Thomas Berthelette**

Mailing Address 4311 S Cameron Ave

City

Tampa

State

FL

Zip Code

33611-1327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BMR Health Services, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2016

**Transaction ID : 70459671**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

411.11

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 16 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Renee Skidmore**

Mailing Address Occupational Therapy  
5012 Forbes Tower

City State Zip Code  
Pittsburgh PA 15260-7406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Pittsburgh

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : 70490499**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Guy Louis McCormack**

Mailing Address 774 23rd Ave

City State Zip Code  
San Francisco CA 94121-3710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Samuel Merritt Univ.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : 70490501**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Barbara Ann Heim**

Mailing Address Po Box 1025

City State Zip Code  
Remsenburg NY 11960-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Complete Rehab Consultants

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2016

**Transaction ID : 70490502**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

915.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 19  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOT PAC)

Full Name (Last, First, Middle Initial)

**A. Rebecca Devlin**

Mailing Address 201 Fairway Dr

City State Zip Code  
 Reading PA 19606-3668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Fromuth Tennis & RunningWholesale Dist

Occupation  
 Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

Transaction ID : 70528237

Amount of Each Receipt this Period

520.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

520.00

8622.02

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 19

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	3		1	4		2	0	1	6		

Mailing Address PO Box 4418, Mail Code 1948

City	State	Zip Code
Atlanta	GA	30302

**Transaction ID : 70341053**Purpose of Disbursement  
Bank Fees of Checking Account

001

Amount of Each Disbursement this Period

Candidate Name

396.63

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

Bank Fees of Checking Account

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

--	--	--

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

--	--	--

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

396.63

396.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)**

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee (DCCC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Mailing Address 430 South Capitol St., SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
campaign contribution

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : 70445442**

Amount of Each Disbursement this Period

15000.00
----------

☐ Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**B. Bennet For Colorado**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement  
campaign contribution

011

Candidate Name

Category/  
Type**Sen. Michael F. Bennet**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: CO District:

**Transaction ID : 70445518**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item  
campaign contribution

Full Name (Last, First, Middle Initial)

**C. Mcnerney For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2016

Mailing Address P.O. Box 690371

City	State	Zip Code
Stockton	CA	95269

Purpose of Disbursement  
campaign contribution

011

Candidate Name

Category/  
Type**Rep. Jerry McNerney**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: CA District: 09

**Transaction ID : 70445684**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item  
campaign contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18500.00
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18500.00
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